

# **New Jersey HIV Care Continuum for Persons Living with HIV/AIDS in 2013**

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**New Jersey Department of Health  
Division of HIV, STD and TB Services**

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# Introduction

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- A goal of the National HIV/AIDS Strategy (NHAS) calls for increased access to care and improved health outcomes for people with HIV.
- To achieve this goal, high levels of engagement at every stage in the continuum of care, including HIV testing and diagnosis, linkage to HIV medical care, retention in HIV care, antiretroviral therapy (ART) initiation, and suppressed viral load, which leads to lower HIV transmission rates.
- Data from the care continuum can be used at the local level for direct action, and to help monitor levels of engagement in key HIV services at both the individual and population levels, to identify services or areas needing improvement in both HIV treatment and prevention.

# Objectives

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- To accurately estimate the percentages of persons diagnosed with HIV in NJ prior to 2013 who received any HIV care, were continuously retained in HIV care, and had suppressed viral loads (VLs) in 2013.
- To provide this information both overall, and by race, age, gender and HIV exposure category.

# Methods

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- Primary unadjusted denominator: (diagnosed prevalence) includes adult/adolescents (13+ yrs) diagnosed with HIV before 2013 and alive at the end of 2013. (from surveillance data N=38,883).
- The unadjusted denominator includes persons less likely to be available to receive HIV care in NJ in 2013. To obtain an adjusted study population of persons living with HIV/AIDS (PLWHA) who are *more likely to be available* to receive HIV care in 2013, the following exclusions were applied to the primary unadjusted denominator:

# Methods... continued

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1. Those who were not NJ residents at time of diagnosis or not currently living in NJ (n=6,611).
  2. Those who have no evidence of being in NJ since 2003 (i.e., no updated data in eHARS in 10 years); they were considered to be lost to follow-up (n=5,542).
- The adjusted study population after the above two exclusions are applied is N=26,730

# In-care Definitions (various measures)

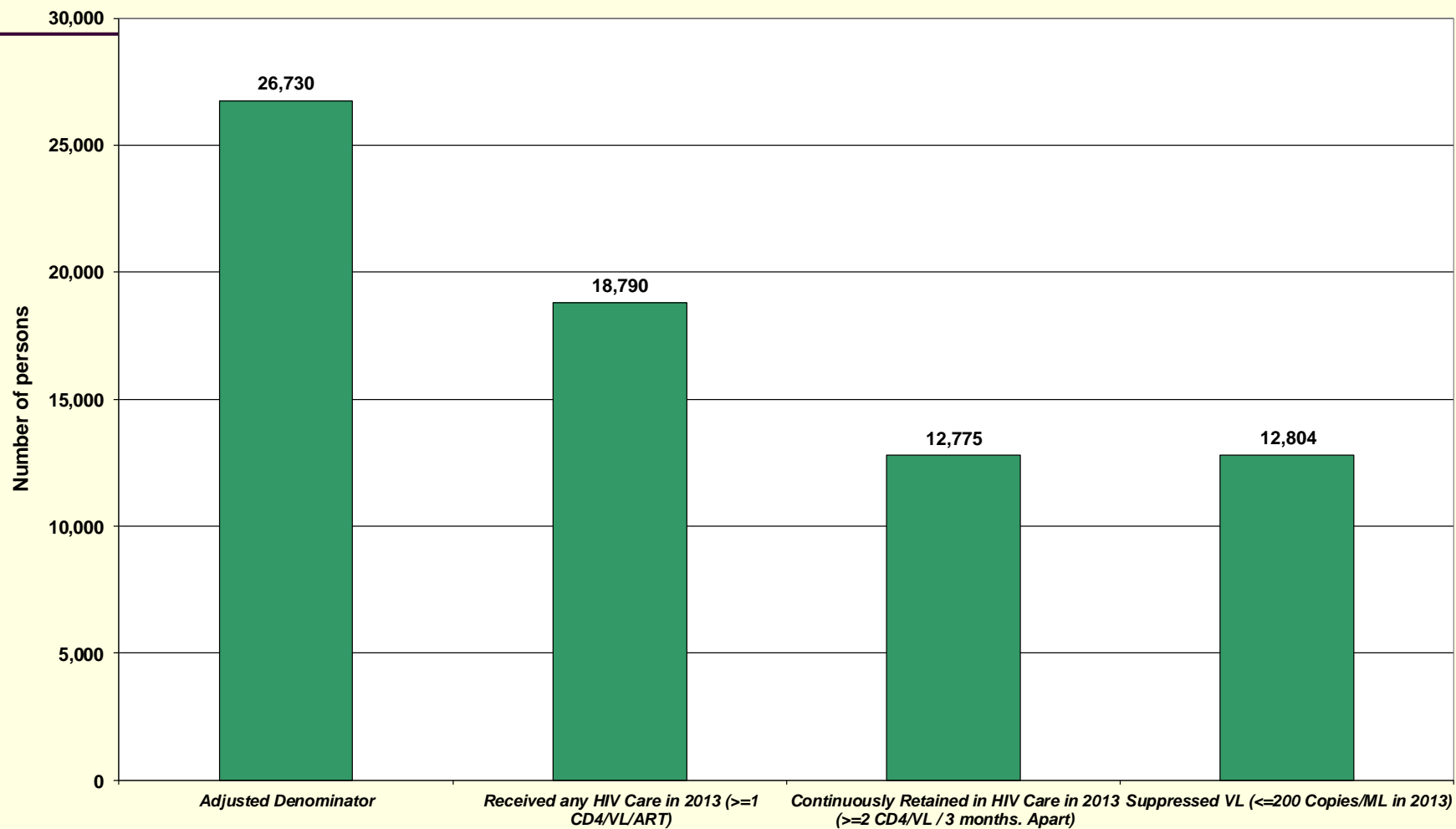
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- Received any HIV care. Those with at least one CD4 or VL or on ART in 2013.
- Those with prescriptions for ART in 2013 (based on matched eHARS and prescription drug claims data, mostly public funding sources: ADDP, PAAD, MEDICAID and Senior Gold), and also from Testing and Treatment History (TTH) forms and from case report forms in HIV surveillance data
- Continuously retained in HIV care. Those with at least two CD4 or viral load tests at least three months apart in 2013.
- Virally suppressed. Those whose most recent viral load results were  $\leq 200$  copies/ml in 2013.

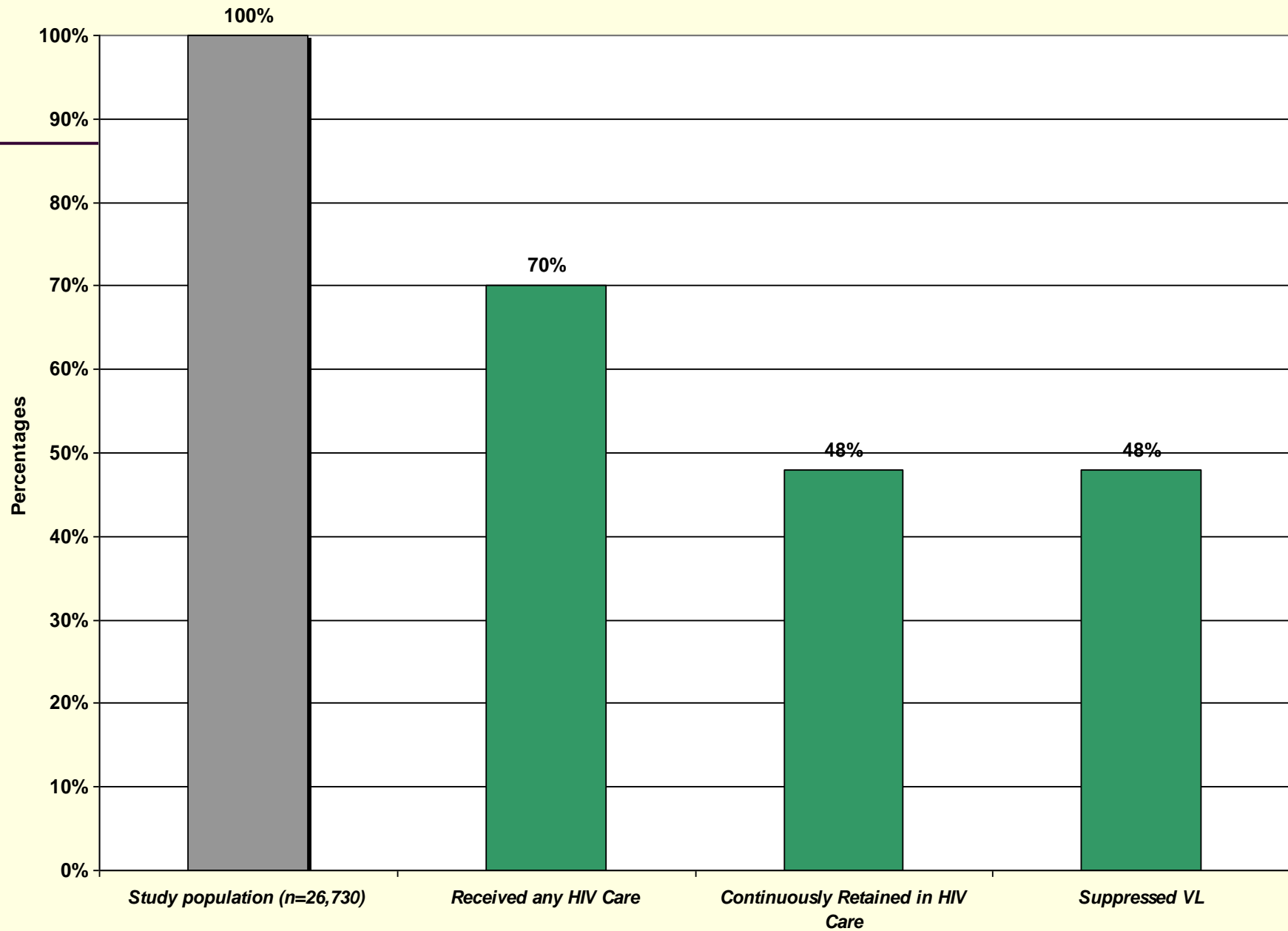
## Results

- Applying these methods and in-care definitions to the adjusted study population of PLWHA yields the results shown in the following charts.

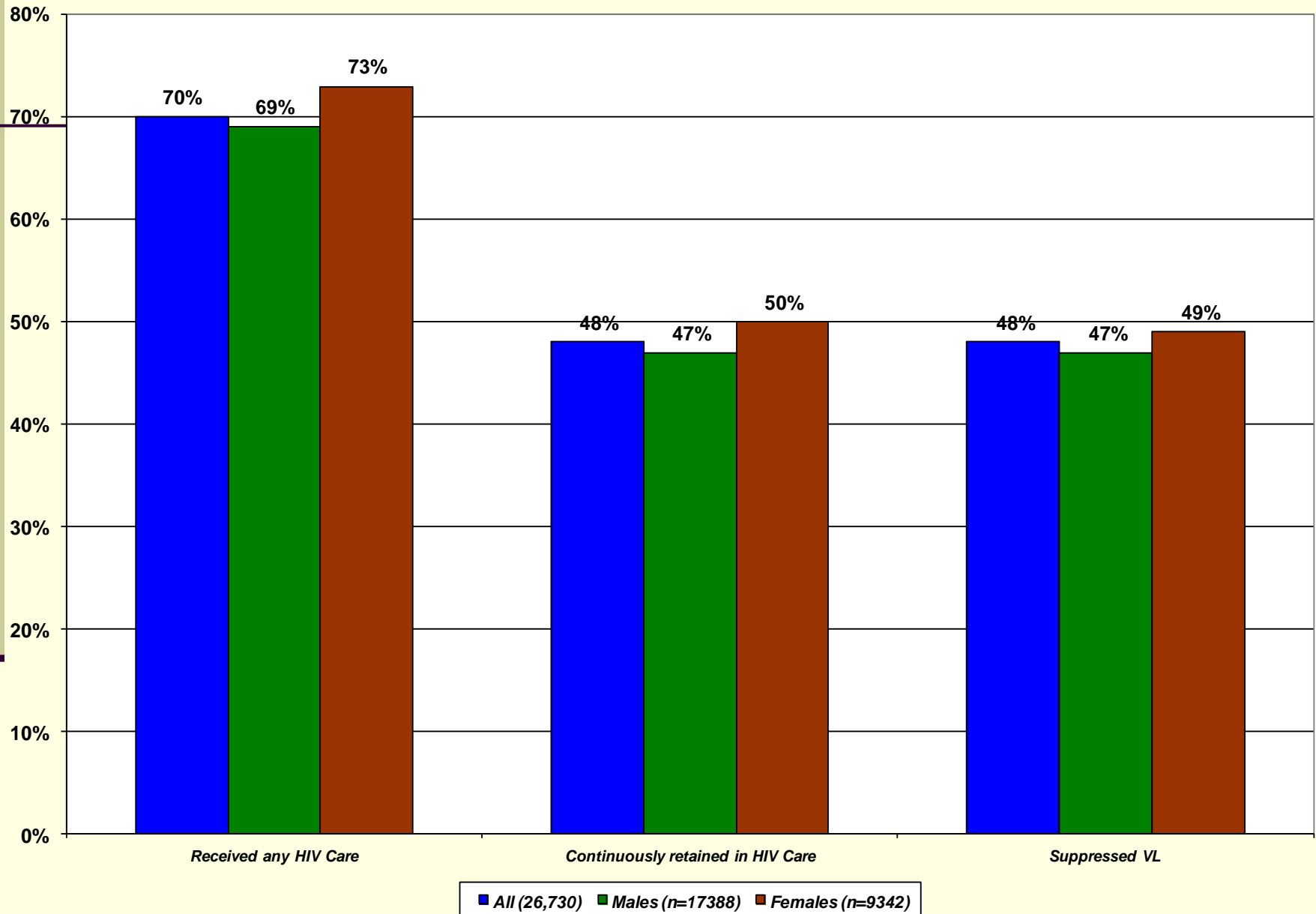
## Various Measures of HIV Care in New Jersey: 2013



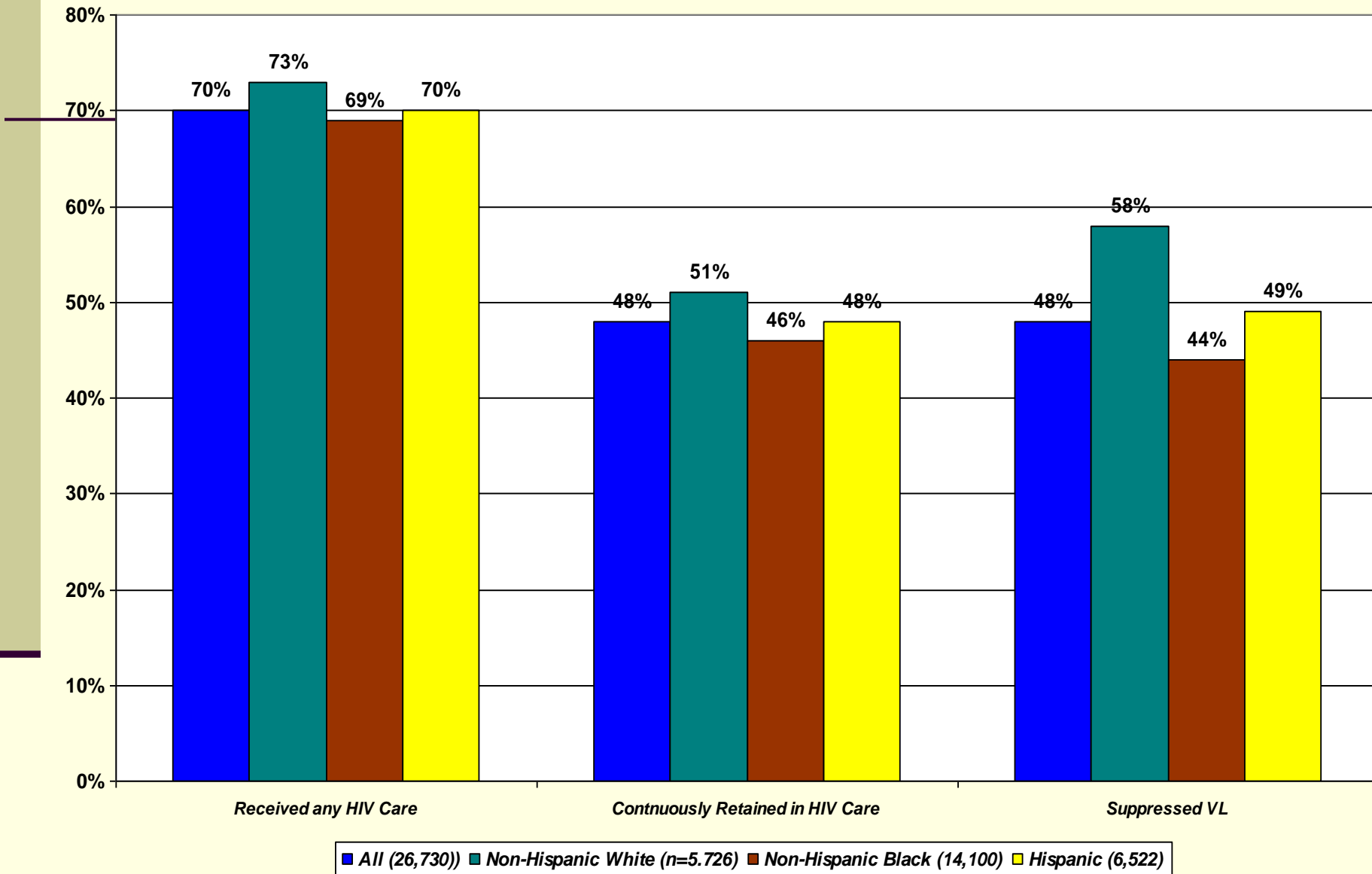
## Continuum of HIV Care in NJ 2013: Percentages



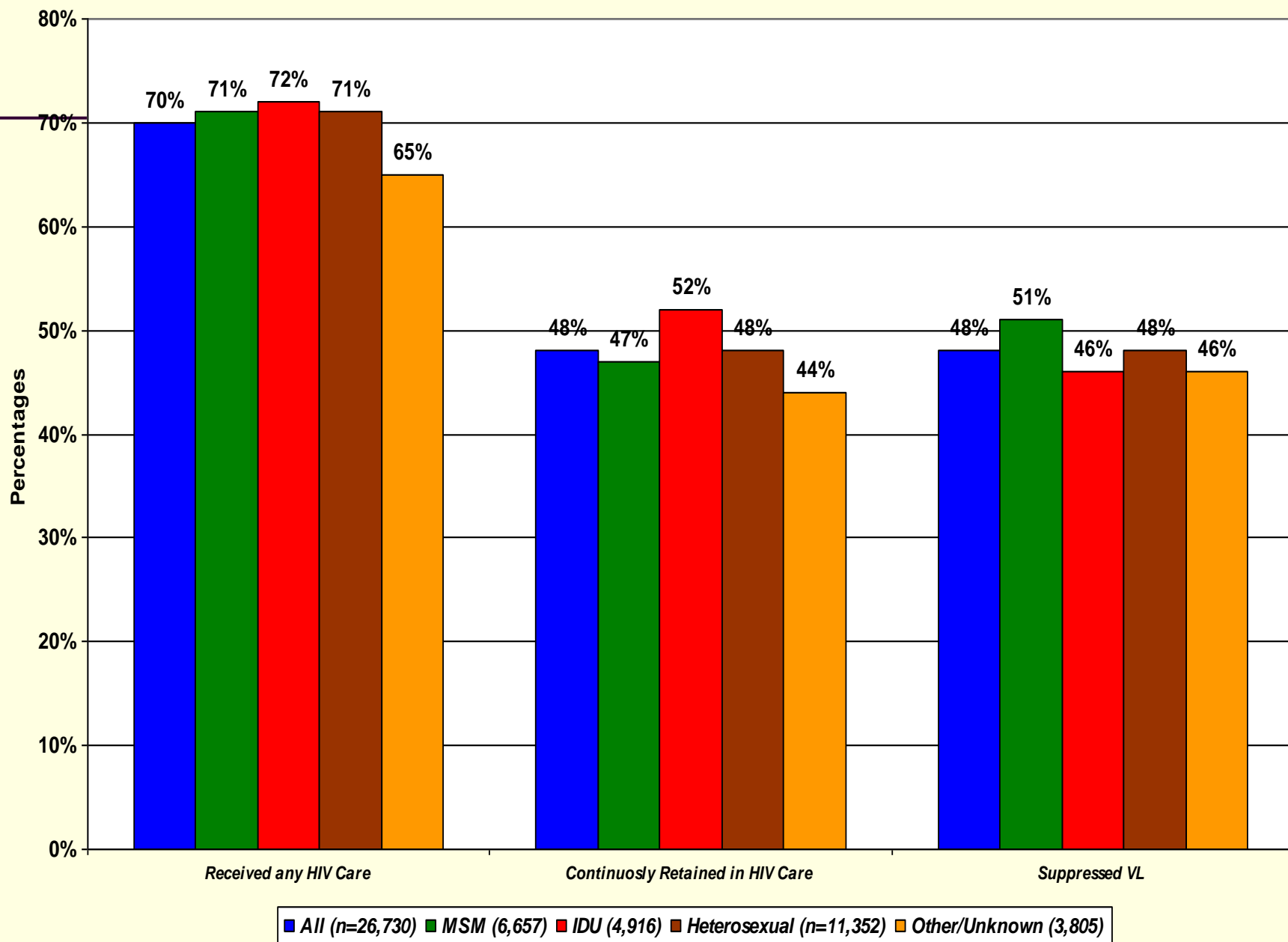
Continuum of HIV Care by Sex, NJ 2013: Percentages



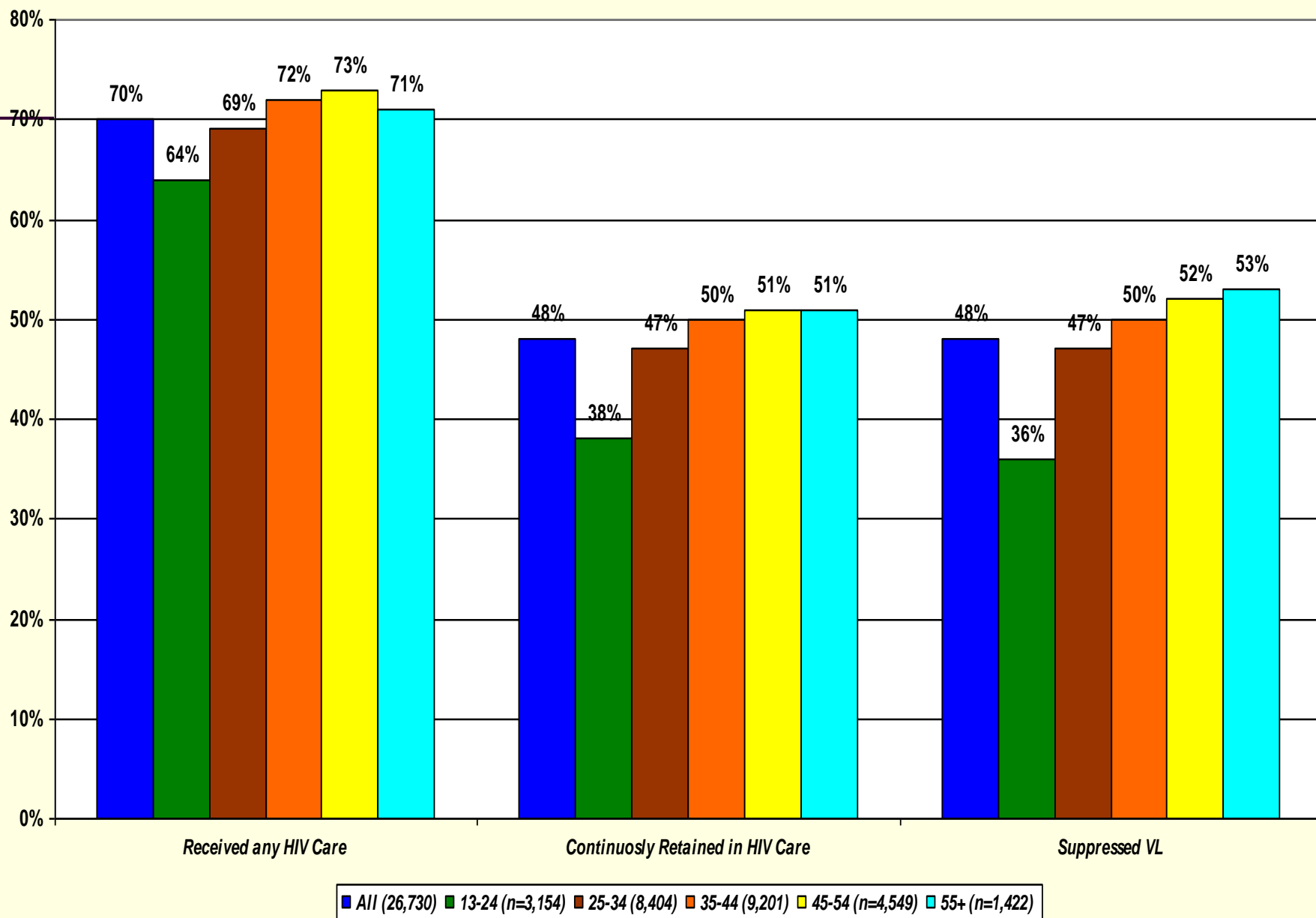
Continuum of HIV Care by Race/Ethnicity: Percentages



## HIV Continuum of Care by Exposure Category



Continuum of care by Age at Diagnosis: Percentages



## Discussion/Limitations

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- Seven of ten persons diagnosed and living with HIV in NJ received any HIV care in 2013, and nearly half were continuously retained in care and achieved suppressed VLs.
- Slightly higher percentages of females than males received any care, were continuously retained in care and achieved suppressed VLs.
- In general, measures of care increase with age. Younger patients (13-24) have a lower percent of those who received any care, were continuously retained in care and achieved suppressed VLs than older patients.

## Discussion/Limitations - continued

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- Non-Hispanic Blacks have lower percentages of those who received any care, were continuously retained in care and achieved suppressed VLs than other races/ethnicities.
- Non-Hispanic Whites have a significantly a higher percent of suppressed VLs than other races/ethnicities.
- There are no observed pronounced differences among major exposure categories (MSM , IDUs and Heterosexuals) who received any care; however, IDUs have a higher percentage of continuous retention in care, but a lower percent of suppressed VLs than other exposure groups.

## Discussion/Limitations - continued

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- Incompleteness of laboratory reporting and ART use data result in underestimates for measures of HIV linkage to care and other elements of the continuum of care.
- Although many laboratories do report all CD4 levels, current NJ law requires only reporting of CD4 counts of <200 or <14%; new regulations will require reporting of all CD4 tests.
- Treatment data on ART use among those with private insurance may be missing.
- Unreported mortality data and undetected population movement may affect the estimated level of HIV-related care. (e.g. denominator may include patients who do receive care outside of NJ or died in places (e.g. in Latin America) where the death certificate may not be obtained by the NJDOH.

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**THANK YOU**